



INDIANA HIGH SCHOOL PRESS ASSOCIATION

2004-05 Membership Application

Every member must complete this section.

(All information below will be used in the IHSPA directory. Please be thorough.)

Name of School: _____
 Street Address: _____
 City: _____ State: _____ Zip: _____
 Phone: _____ FAX: _____
 Enrollment: _____ Principal's Name _____

• Newspaper Information •

Date: _____

Publication Name: _____
 Founding Date: _____
 Adviser: _____
 Total Number of Years Advising: _____
 Home Address: _____
 City, State, ZIP: _____
 Home Phone: _____
 E-Mail: _____

• Fees •

Please check appropriate option

\$25 - Membership for all school media and adviser services

\$15 - Membership for one school publication and adviser services

\$10 - Junior High or Middle School Membership

• Yearbook Information •

Publication Name: _____
 Founding Date: _____
 Adviser: _____
 Total Number of Years Advising: _____
 Home Address: _____
 City, State, ZIP: _____
 Home Phone: _____
 E-Mail: _____

• Other Media •

Publication Name: _____
 Founding Date: _____
 Adviser: _____
 Total Number of Years Advising: _____
 Home Address: _____
 City, State, ZIP: _____
 Home Phone: _____
 E-Mail: _____

OFFICE USE ONLY

Check # _____

Date _____

PO # _____

Certificate _____

Memberships expire one year from time of renewal. Schools may lose member privileges if renewals are not made within 30 days.
 Return application form with payment or P.O. to:
 Dennis Cripe, Executive Director
 IHSPA, Franklin College
 501 East Monroe Street Franklin, IN 46131
 IHSPA FAX: (317) 738-8234
 IHSPA PHONE: (317) 738-8198 or Toll Free 1-800-852-0232
 E-MAIL ADDRESS: dcripe@franklincollege.edu